

STATE OF MICHIGAN  
CIRCUIT COURT FOR THE 30<sup>TH</sup> JUDICIAL CIRCUIT  
INGHAM COUNTY

LINDA A. WATTERS, COMMISSIONER,  
OFFICE OF FINANCIAL AND INSURANCE SERVICES  
FOR THE STATE OF MICHIGAN,

Petitioner,

v

File No. 03-1127-CR ✓

THE WELLNESS PLAN,  
a Michigan health maintenance organization

Hon. William E. Collette

Respondent.

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ORDER FOR APPROVAL OF THE  
REHABILITATION CLAIMS FILING PROCEDURE  
AND  
DEADLINE FOR THE SUBMISSION OF  
CREDITOR CLAIMS TO THE REHABILITATOR

At a session of said court  
held in the Circuit Courtrooms  
for the County of Ingham, State of Michigan  
on the 11<sup>th</sup> day of September 2003.

PRESENT: HONORABLE WILLIAM E. COLLETTE  
CIRCUIT JUDGE

FILED  
CLERK OF THE 30TH  
JUDICIAL CIRCUIT COURT  
INGHAM COUNTY CLERK

2003 SEP 11 P 2:43

FILED

Whereas, the Rehabilitator has filed a Petition for Approval of the Claims Filing Procedures,

The Court finds:

1. Based on MCL 500.803(b), a creditor is a person having a claim against The Wellness Plan (Wellness), whether matured or unmatured, liquidated or unliquidated, secured or unsecured, absolute, fixed, or contingent.

2. Based on MCL 500.8105(1), the Court is authorized to enter an Order it considers to be necessary and proper to prevent:

- a. Interference with the Rehabilitator or with the Rehabilitation proceedings;
- b. The institution or further prosecution of any actions or proceedings against Wellness, its assets, or its members;
- c. The obtaining of preferences, judgments, attachments, garnishments, or liens against Wellness, its assets or its members;
- d. The levying of execution against Wellness, its assets, or its members;
- e. Any other threatened or contemplated action that might lessen the value of Wellness' assets or prejudice the rights of its members, creditors, or the administration of this rehabilitation proceeding.

3. All creditor claims against Wellness are within the jurisdiction of this Court and will be determined, resolved, paid, and/or discharged, in whole or in part, according to the terms and conditions of an approved Rehabilitation Plan.

4. Creditor claims for goods or services provided on or after July 1, 2003 are being paid pursuant to the Court's July 1, 2003 Rehabilitation Order.

5. There is a need to set a procedure for the orderly submission and verification Creditor claims based on goods or services provided prior to July 1, 2003.

Therefore, IT IS HEREBY ORDERED that:

1. Wellness shall serve on each known creditor a copy of this Order and a copy of the Claim Form that is Attachment 1 to this Order.

2. Any documents and notices required to be served on Creditors by this Order may, at the Rehabilitator's discretion, be provided in electronic format by mailing a compact disk (CD) or computer disk containing the documents and notices to Creditors.

3. A copy of this Order and the claims form shall be maintained on the Office of Financial and Insurance Services' website: [www.michigan.gov/ofis/](http://www.michigan.gov/ofis/).

4. Wellness shall publish the Notice attached hereto as Attachment 2 on five (5) consecutive days, at least ten (10) days prior to the claims filing deadline, in a newspaper general circulation in Michigan.

5. For purposes of this Order:

- a. A Claim is defined as a liability of The Wellness Plan, its officers, or employees that is matured or unmatured, liquidated or unliquidated, secured or unsecured, absolute, fixed or contingent that arises out of the operation of The Wellness Plan or an officer or employee's duties while employed by The Wellness Plan.
- b. A Creditor shall be defined as set forth in MCL 500.8103(b).
- c. A Pre-rehabilitation Claim means a claim that arose prior to July 1, 2003.

6. On or before 5:00 p.m., Friday, October 24, 2003 each Creditor shall in writing deliver to the Rehabilitator a completed rehabilitation claim form as required by paragraph 8 of this Order.

7. **Claims not received by the Rehabilitator by 5:00 p.m., Friday, October 24, 2003 are waived, including objections to the treatment of a claim or the failure to list or provide for the payment of a claim in a Rehabilitation Plan.**

8. All Creditors shall use a copy of the claims form attached as Attachment 1 to this Order. Claim verification process:

a. Medical Providers:

- 1. Medical Providers who are creditors of The Wellness Plan shall use The Wellness Plan's Internet-based program, Net Manager, to check the status and dollar amount of their claims based on goods or services provided to The Wellness Plan members prior to July 1,

2003 and to identify any claims in their records that are not listed on Net Manager. To obtain a user name and password, contact The Wellness Plan at (800) 875-WELL (800-875-9355).

2. The claim form filed by the Medical Provider shall record the total amount the Provider believes it is owed for Pre-rehabilitation Claims. This amount reported should include the amount owed for claims listed on Net Manager and those that were not listed.
3. The Provider shall provide supporting documentation only for claims not listed on Net Manager and for claims that the Provider would like to amend or supplement.
4. Providers shall not submit claims with dates of service more than one (1) year prior to June 30, 2003, and shall not submit modifications or amendments to claims more than six (6) months after the date of service.
5. Providers shall not submit claims details for claims covered by a settlement agreement with The Wellness Plan. The settlement agreement must be identified on the claim form.
6. The Rehabilitator may request and the Provider shall provide such additional information, data and documentation including affidavits and testimony under oath, necessary to verify the Provider's claims.

7. Claims and, when required, supporting documents shall be delivered to the Deputy Rehabilitator at:

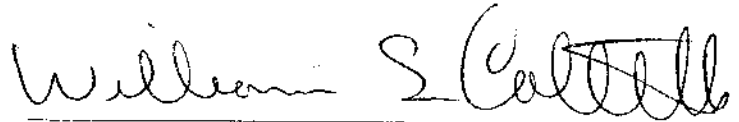
The Wellness Plan  
P.O. Box 02577  
Detroit, MI 48202

ATTN: Rehabilitation Claims

b. All other Creditors:

1. Each creditor shall submit a claim form to the Rehabilitator.
2. The Rehabilitator may request and the Creditor shall provide such additional information, data, and documentation including affidavits and testimony under oath, necessary to verify the Creditor's claim.
3. Claims and, when required, supporting documents shall be delivered to the Deputy Rehabilitator at:

The Wellness Plan  
2875 W. Grand Blvd.  
Detroit, MI 48202  
ATTN: Donn Merrill/AP Claims

A handwritten signature in black ink, appearing to read "William E. Collette", written over a horizontal line.

HON. WILLIAM E. COLLETTE  
CIRCUIT JUDGE

**PROOF OF CLAIM**

**REHABILITATION OF THE WELLNESS PLAN**

CASE NO: 03-1127-CR

CIRCUIT COURT OF INGHAM COUNTY, STATE OF MICHIGAN

**DEADLINE TO DELIVER A PROOF OF CLAIM IS: 5:00 PM OCTOBER 24, 2003**

See September \_\_\_, 2003 Court Order for additional instructions on filing your Claim.

**CLAIMANT INFORMATION**

Name Claimant: \_\_\_\_\_

Name and Address where  
notices should be  
sent: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Provider ID Number: \_\_\_\_\_

Name and Address of Claimant Attorney (if any): \_\_\_\_\_

**CLAIM INFORMATION**

**Basis for Claim:** \_\_\_ Goods Sold; \_\_\_ Services Performed; \_\_\_ Money Loaned;

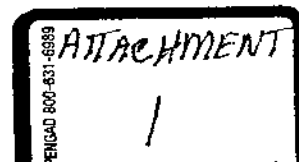
\_\_\_ Personal Injury / Wrongful death; \_\_\_ Taxes; \_\_\_

Wages / Salary / Commissions / Compensation; \_\_\_ Settlement;

\_\_\_ Medical Bills Paid by Member / Insured; \_\_\_ Other: \_\_\_\_\_

**Claim description:** (briefly state the date and facts of this claim or identify case name, court and docket number of prior litigation):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Amount of Claim on July 1, 2003:** \$ \_\_\_\_\_ The amount of all payments on this claim  
has been deducted for purposes of making this proof of claim: \_\_\_ Yes \_\_\_ No



Does claim include interest or other charges: \_\_\_\_ Yes \_\_\_\_ No If Claim includes interest or other charges **attach an itemized statement** of all interest and additional charges.

Is your Claim secured by collateral (including a right to setoff): \_\_\_\_ Yes \_\_\_\_ No

Value of collateral: \$\_\_\_\_\_

Brief Description of collateral:

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*By signing this Proof of Claim, Claimant certifies that the information and supporting documents are true and accurate. Claimant acknowledges that the Rehabilitator may request additional or supplemental information or evidence and may require testimony under oath, affidavits or written statements to support this Claim.*

Signed this \_\_\_\_ day of \_\_\_\_\_, 2003.

Claimant's Signature: \_\_\_\_\_

Type or print

Claimant Name: \_\_\_\_\_

Title: \_\_\_\_\_

*After completion, return this signed Proof of Claim to:*

Claims by Medical Providers:

The Wellness Plan  
**P.O. Box 02577**  
Detroit, MI 48202  
ATTN: Rehabilitation Claims

All other Creditor claims:

The Wellness Plan  
2875 W. Grand Blvd.  
Detroit, MI 48202  
ATTN: Donn Merrill/AP Claims

**NOTICE TO ALL CREDITORS OF  
THE WELLNESS PLAN CLAIMS DEADLINE**

On July 1, 2003, the Ingham County Circuit Court placed The Wellness Plan into rehabilitation under MCL 500.8101 *et seq.* The Court has ordered that all Creditors must deliver a Proof of Claim to the Deputy Rehabilitator **no later than 5:00 p.m., Friday, October 24, 2003.**

**Claims not received by the Rehabilitator by 5:00 p.m., Friday, October 24, 2003, are waived including the objections to the treatment of the claim or the failure to list or provide for the payment of a claim in a rehabilitation plan.**

All creditor claims against The Wellness Plan are within the jurisdiction of the Ingham County Circuit Court and will be determined, resolved, paid and/or discharged, in whole or in part, according to the terms and conditions of an approved Rehabilitation Plan. Claims and supporting documents shall be delivered to the Deputy Rehabilitator, Eoshealth Regulatory Services at the address listed on the claim for and in the Court's Order.

Claims must be submitted according to the instructions set forth in the Court's September 11, 2003 Order For Approval of the Rehabilitation Claims Filing Procedure and Deadline for Submission of Creditor Claims to the Rehabilitator and the Proof of Claim Form.

Claims Forms, Court Orders and additional information can be obtained from:

Office of Financial and Insurance Services  
Telephone: (877) 999-6442  
Website: [www.michigan.gov/ofis/](http://www.michigan.gov/ofis/)

The Wellness Plan  
Telephone: (800) 975-9355  
Website: [www.wellplan.com](http://www.wellplan.com)

Court orders, notices and pleadings related to this matter are posted on the OFIS website.

